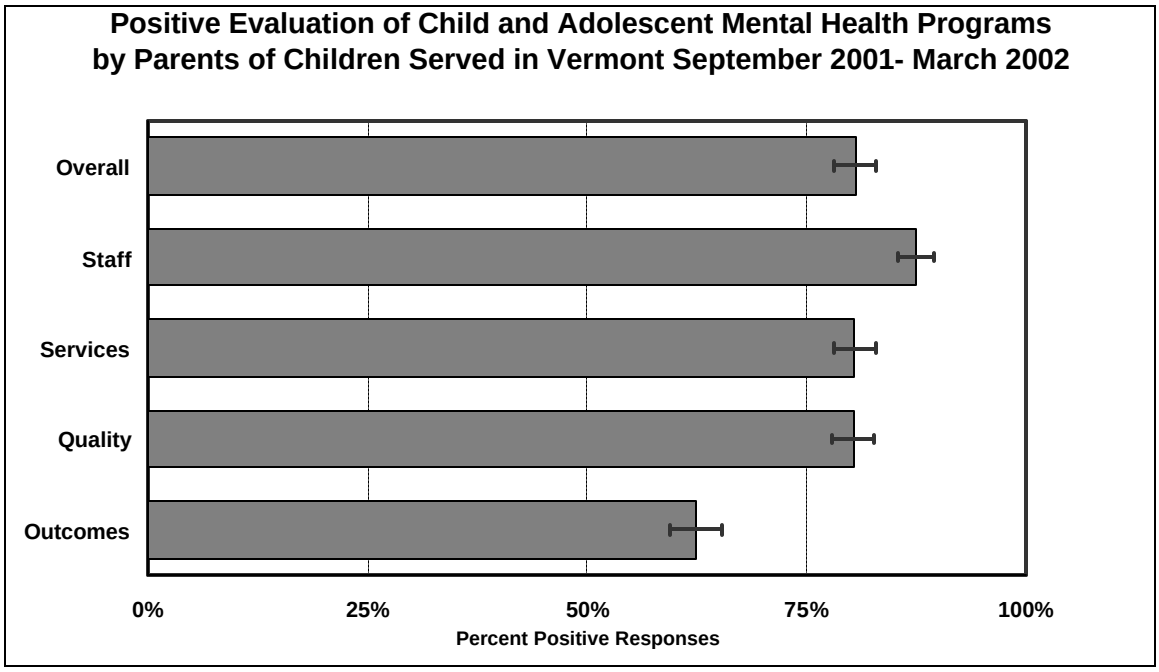
EVALUATION OF CHILD AND ADOLESCENT MENTAL HEALTH PROGRAMS By Parents of Children Served in Vermont September 2001 - March 2002

TECHNICAL REPORT



Janet Bramley, Ph.D. **John Pandiani, Ph.D.**
Vermont Department of Developmental and Mental Health Services

December 10, 2002

EVALUATION OF CHILD AND ADOLESCENT MENTAL HEALTH PROGRAMS

By Parents of Children Served in Vermont September 2001- March 2002

TECHNICAL REPORT

December 10, 2002

Janet Bramley, Ph.D.
jbramley@ddmhs.state.vt.us
802-241-2659

John Pandiani, Ph.D.
jpandiani@ddmhs.state.vt.us
802-241-2638

Research and Statistics Unit
Vermont Department of Developmental and Mental Health Services
Weeks Building, 103 South Main Street
Waterbury, VT 05671-1601

The authors of this report wish to thank all those who contributed to this project. This work could not have been completed without the help of Sharon Vivian (data collection), Jessica Milne (data coding and data entry) and the staff of the Child and Family Unit of the Department of Developmental and Mental Health Services. The authors would also like to thank the parents who took the time to evaluate and comment on the child and adolescent mental health programs provided by the community mental health centers in Vermont.

FOREWORD

The 2002 survey of parents of children served by child and adolescent mental health programs in Vermont is one part of a larger effort to monitor community mental health program performance from the perspective of service recipients and other stakeholders. The parent evaluations will be used in conjunction with the assessments of other service recipients and stakeholders and with measures of program performance drawn from existing databases to provide a more complete picture of the performance of local community mental health programs. The combined results of these evaluations will allow a variety of stakeholders to systematically compare the performance of community-based mental health programs in Vermont, and to support local programs in their ongoing quality improvement process.

The results of this survey should be considered in light of previous consumer and stakeholder evaluations of community mental health programs in Vermont, and in conjunction with the results of consumer and stakeholder surveys that will be conducted in the future. Previous assessments of child and adolescent mental health programs include 1994 and 1997 surveys that asked school personnel to assess the quality of services they received from their local child and adolescent mental health programs. More recently, in 1999, a consumer survey collected the views of children aged 14-18 on services they received from their local child and adolescent mental health programs and in 2000 and 2001 respectively, Social and Rehabilitation Services case workers and Educators participated in similar surveys providing the views of fellow professionals in child-serving agencies. This survey of parents of children served completes a four-year cycle. A new cycle of surveys incorporating the lessons learned from the administration of the current cycle is planned for the near future.

These evaluations should also be considered in light of measures of levels of access to care, service delivery patterns, service system integration, and treatment outcomes that are based on analyses of existing databases. Many of these indicators are published in the annual Department of Developmental and Mental Health Services (DDMHS) Statistical Reports and weekly Performance Indicator Project data reports (PIPs), which are available in hard copy form from the Vermont DDMHS Research and Statistics Unit or online from the website: www.state.vt.us/dmh/datanew.htm.

This approach to program evaluation assumes that program performance is a multidimensional phenomenon which is best understood on the basis of a variety of different indicators that focus on different aspects of program performance. This report focuses on one very important measure of the performance of Vermont's community child and adolescent mental health programs, namely the subjective evaluations of the parents of the children who were served.

CONTENTS

EVALUATION OF CHILD AND ADOLESCENT MENTAL HEALTH PROGRAMS

By the Parents of Children Served in Vermont September 2001- March 2002

PROJECT OVERVIEW AND SUMMARY OF RESULTS

During spring 2002, the Child and Family Unit of the Vermont Department of Developmental and Mental Health Services invited the parents of children who had recently received community mental health services to complete a survey to evaluate child and adolescent mental health programs in Vermont's ten regional Community Mental Health Centers (CMHCs). Surveys were sent to parents of all children up to the age of 18 who received at least three Medicaid reimbursed services during the period September 2001 through March 2002. In total, 800 (29%) of the potential pool of 2,788 deliverable surveys were returned Out of these, 10 respondents returned questionnaires with comments only. This left 790 (28%) useable surveys for quantitative analysis (See Appendix V).

The parent survey consists of twenty-six fixed alternative items and four open-ended items designed to provide information that would help stakeholders to compare the performance of child and adolescent mental health programs in Vermont. The survey instrument was based on the MHSIP Consumer Survey developed by a multi-state work group and modified as a result of input from Vermont stakeholders (see Appendix II).

Methodology

In order to facilitate comparison of Vermont's ten child and adolescent mental health programs, parents' responses to twenty-six fixed alternative items were combined into five scales. These scales focus on ***overall*** consumer evaluation of program performance, and evaluation of program performance with regard to ***outcomes, quality***, ***services***, and ***staff***. In order to provide an unbiased comparison across programs, survey results were statistically adjusted to remove the effect of dissimilarities among the client populations served by different community programs. Measures of statistical significance were also adjusted to account for the proportion of all potential subjects who responded to the survey. (For details of scale construction and adjustment, see Appendix IV.) Reports of significance are at the 95% confidence level (p.<.05). The percentages of parents making positive and negative narrative comments in response to the open-ended questions are noted in this report. A more detailed analysis of the content of the comments of parents and other stakeholders will be issued in a separate report.

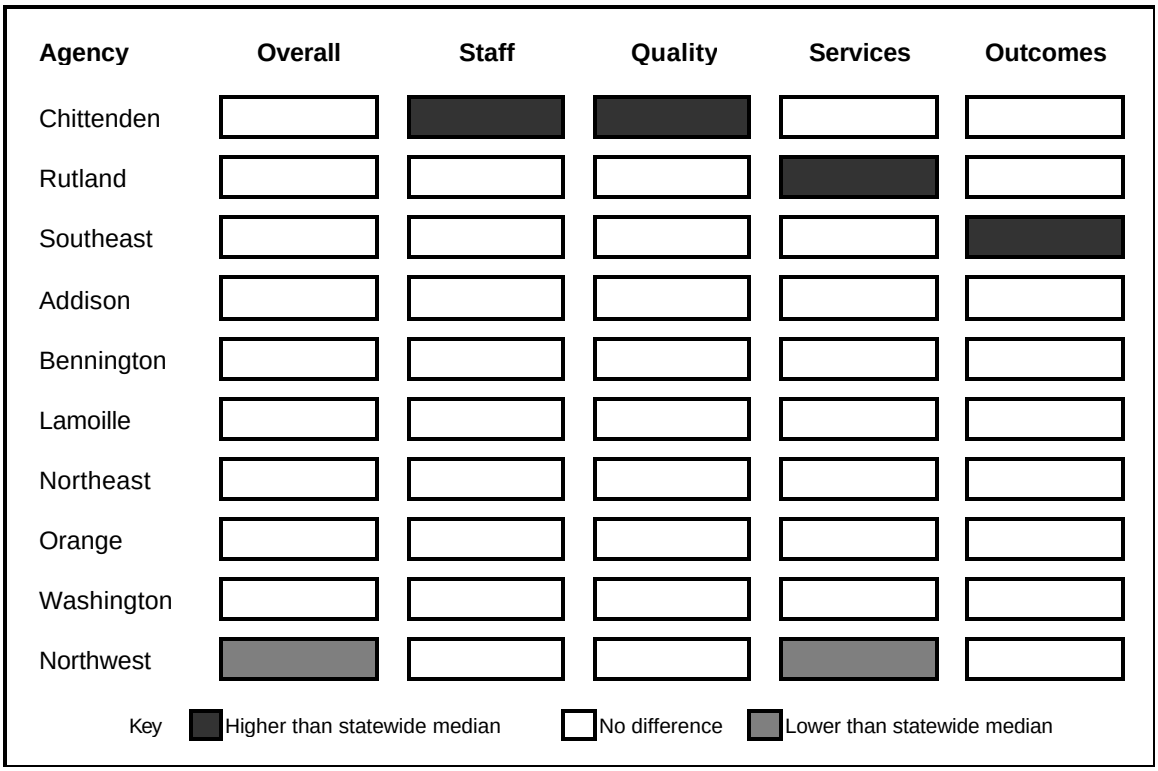
Overall Results

The parents of children served by child and adolescent mental health programs in Vermont rated their programs very favorably. Statewide, on the *overall* measure of program performance, 81% of the parents evaluated the programs positively. Some aspects of program performance, however, were rated more favorably than others. Fixed alternative items related to *staff*, for instance, received the most favorable responses (87% favorable), followed by *services* (81% favorable) and *quality* (80% favorable). Items related to *outcomes* (62% favorable) received the lowest ratings. Additional comments about program performance were offered by 77% of the parents. When these comments were coded as positive or negative, it was found that significantly more parents made positive comments (66%) than negative comments (47%). Notably, all scale scores were higher than scores recorded in recent surveys of other stakeholders.

Overview of Differences Among Programs

In order to compare parents' evaluations of child and adolescent mental health programs in the ten CMHCs, ratings of individual programs on each of five composite scales were compared to the median of the regional scores (referred to in this report as the statewide median) for each scale. Although all programs received high scores, the results of this survey indicate that there were some significant differences in parents' evaluations of some of the state's ten child and adolescent community mental health programs (Figure 1).

Figure 1. Positive Evaluation of Child and Adolescent Mental Health Programs By Parents of Children Served in Vermont September 2001 - March 2002



The child and adolescent mental health program in Chittenden County received the most favorable parent assessment in the state, scoring better than the statewide median on two of the five scales. The child and adolescent mental health programs in Rutland and the Southeast region each scored better than the statewide median on one of the five scales. The child and adolescent mental health program in the Northwest region was rated below the statewide median on two scales. Parents' evaluations of six of the other programs were not statistically different from the statewide median rating on any of the scales.

The results of this evaluation of child and adolescent mental health programs in Vermont need to be considered in conjunction with other measures of program performance in order to obtain a balanced picture of the quality of care provided to children and adolescents with mental health needs and their families in Vermont.

STATEWIDE RESULTS

The majority of parents of children served by child and adolescent mental health programs at CMHCs in Vermont rated their programs favorably. (Appendix V provides an item-by-item summary of responses to the fixed alternative questions.)

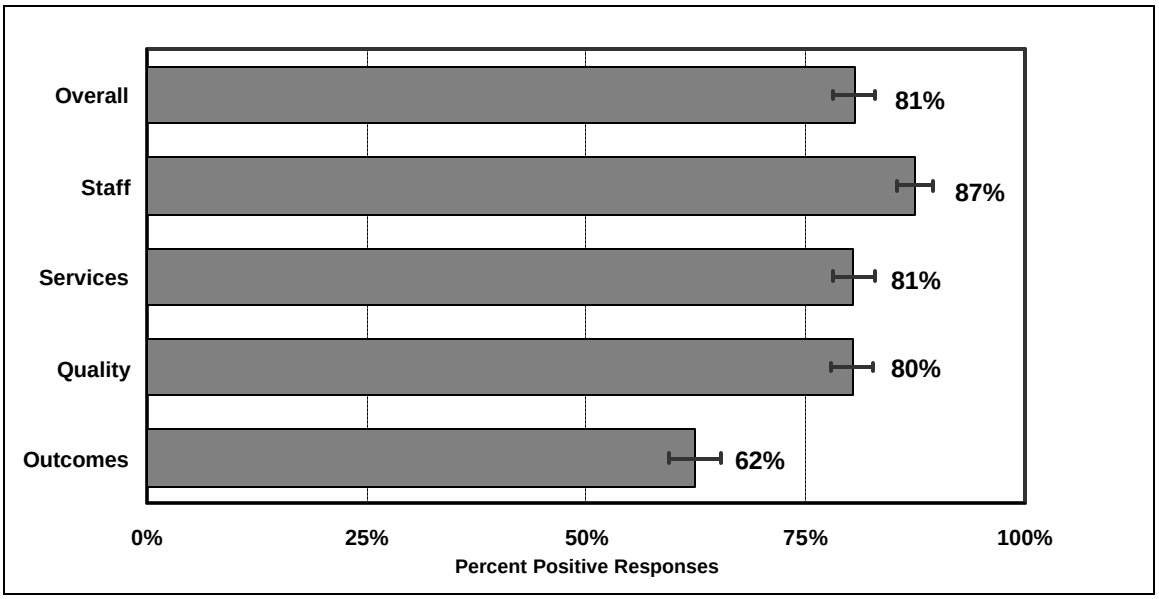
The most favorably rated items all related to staff "Staff spoke with me in a way that I understood (92% positive), "Staff treated me with respect" (91%), "We like the staff who work with us" (89%), "Staff respected my wishes about who received information about us" (88%) and, "Staff listened to what I have to say" (86%). Other favorably rated aspects of care included the convenience of the location of services (88%), and two items relating to respect for culture/ethnicity (85%) and respect for religious/spiritual beliefs (84%).

Eighty-three percent of the parents agreed or strongly agreed that, "The services we received from <*CMHC name*> were helpful to my child and family".

The least favorably rated items related to outcomes as a result of mental health services. Fifty-four percent felt that "My child is better able to cope when things go wrong" and 55% agreed that, "I am satisfied with family life right now."

There were significant differences in parents' ratings of child and adolescent mental health programs on the five scales derived from responses to the Vermont survey (Figure 2). Eighty-one percent of parents rated programs favorably *Overall.* The *Staff* scale (87% favorable) received significantly more favorable responses than the *Services* and *Quality* scales (81% and 80% favorable). All three of these subscales received significantly higher scores than the *Outcomes* scale (62% favorable).

Figure 2. Statewide Positive Evaluation of Child and Adolescent Mental Health Programs by Parents of Children Served in Vermont September 2001 - March 2002



DIFFERENCES AMONG PROGRAMS

Parents' evaluations of child and adolescent mental health programs at Vermont's ten regional CMHCs on the five scales that were built from survey responses were highly favorable. In order to provide a comprehensive overall evaluation of program performance, the median of the regional scores for each of the scales was calculated. The parent ratings of each regional program were then compared to this statewide median for each of the scales (pages 28, and 30-37). These comparisons show some variation between providers. Combined, these results provide a succinct portrait of parents' evaluations of child and adolescent mental health programs in Vermont.

The child and adolescent mental health program at the Howard Center for Human Services (Chittenden) in the period September 2001 to March 2002 was the most favorably rated in Vermont. Parents with children receiving mental health services in Chittenden rated their program better than the statewide median on two of the five scales (*Staff* and *Quality).*

The child and adolescent mental health programs at Rutland Mental Health Services (Rutland), and Health Care and Rehabilitation Services of Southeastern Vermont (Southeast) were each rated better than the statewide median score on one scale. Rutland was rated higher on *Services*, and the Southeast region was rated higher on *Outcomes*.

The child and adolescent mental health programs were not rated differently from the statewide median score on any of the five scales at the Counseling Service of Addison County (Addison), Northeast Kingdom Human Services (Northeast), United Counseling Services (Bennington), Lamoille County Mental Health Services (Lamoille), Clara Martin Center (Orange), and Washington County Mental Health Services (Washington).

Northwestern Counseling and Support Services (Northwest) child and adolescent mental health programs was the least favorably rated in Vermont. Parents with children receiving child and adolescent mental health services in the Northwest region rated their program less favorably than the statewide median on two of the five scales (*Overall* and *Services*).

Positive Overall Evaluation

The measure of overall satisfaction with each of the ten community child and adolescent mental health programs that was used in this study is based on parents' responses to 26 fixed alternative questions. The response alternatives were on a 5-point scale: 5 *Strongly Agree,* 4 *Agree,* 3 *Undecided,* 2 *Disagree,* or 1 *Strongly Disagree*. For the purposes of scale construction, a rating of 4 or 5 for a survey item was coded as a positive response. The composite measure of overall satisfaction for each respondent was based on the number of items with positive responses. (For details of scale construction, see Appendix IV.)

Statewide, parents rated their child and adolescent mental health programs favorably with 81% of parents giving a positive overall evaluation. One CMHC was rated significantly different from the statewide median score of 81% on this scale. The parents whose children were served by the child and adolescent mental health program in the Northwest region gave the program a significantly less favorable overall evaluation (71%) than the statewide median. The parents' overall ratings of the nine remaining CMHC programs did not differ significantly from the statewide median score (see pages 28 and 30).

Consumer Evaluation of Staff

The parents' rating of the staff of their local community child and adolescent mental health programs was derived from responses to nine fixed alternative questions:

14. I liked the staff people who worked with me at *<CMHC Name>.*
15. The staff knew how to help my child.
16. The staff asked me what I wanted/needed.
17. The staff listened to what I had to say.
18. Staff respected my wishes about who received information about us.
19. Staff treated me with respect.
20. Staff respected my family's religious/spiritual beliefs.
21. Staff spoke with me in a way that I understand.
22. Staff were sensitive to my cultural/ethnic background.

The composite measure of staff performance was based on the number of items with positive responses (i.e., a rating of 4 or 5). Statewide, parents generally rated their child and adolescent mental health programs more favorably on the staff scale than on the other scales; 87% gave their child and adolescent mental health programs a positive staff evaluation. Only one child and adolescent mental health program, Chittenden (94% favorable) was rated significantly higher than the statewide median score of 89% on the staff scale. (see pages 28 and 31).

Positive Evaluation of Quality

Parents' rating of the quality of the programs from which their children received services, was derived from responses to three fixed alternative questions:

24. The services I received from at *<CMHC Name>* this year were of good quality.
25. If I needed mental health services in the future, I would use this mental health center again.
26. I would recommend this mental health center to a friend who needed help.

The composite measure of program quality was based on the number of items with positive responses, i.e., a rating of 4 or 5. Statewide, four fifths (80%) of the parents rated their child and adolescent mental health programs favorably on the quality scale. Only one child and adolescent mental health program was rated significantly differently from the statewide median score of 78% on the Quality scale. The quality of the child and adolescent mental health program in Chittenden (86% favorable) was rated significantly higher than the statewide median (see pages 28 and 32).

Positive Evaluation of Services

The parents' rating of the services that their children and family had received was derived from responses to seven fixed alternative questions:

7. I liked the services we received from *<CMHC Name>.*
8. I helped to choose my child's treatment goals.
9. I helped to choose my child's services.
10. I wanted more services than I got.
11. The services my child and/or family received were right for us.
12. The location of our mental health services was convenient.
13. Services were available at times convenient for me.

The composite measure of child and adolescent program services was based on the number of items with positive responses, i.e., a rating of 4 or 5. Statewide, over four fifths (81%) of the parents rated their child and adolescent mental health programs favorably on the services

scale. Two of the CMHCs' ratings were significantly different from the statewide median of 81% on this scale. The services at Rutland (90% favorable) were rated significantly higher than the statewide median score, and the services in the Northwest region (72% favorable) were rated significantly lower than the statewide median score (see page 28 and 33).

Positive Evaluation of Outcomes

Parents' perception of the outcomes of the services of the child and adolescent mental health programs was derived from responses to six fixed alternative questions:

As a result of the services my child received:

2. My child is better at handling daily life.
3. My child gets along better with my family.
4. My child gets along better with friends and other people.
5. My child is doing better in school and/or at work.
6. My child is better able to cope when things go wrong.
7. I am satisfied with our family life right now.

The composite measure of outcomes was based on the number of items with positive responses, i.e., a rating of 4 or 5. Statewide, 62% of the parents rated their child and adolescent mental health programs favorably on the outcomes scale.

One CMHC was rated significantly differently from the statewide median of 61% on this scale. The parents whose children were served by the child and adolescent mental health program in the Southeast region rated their outcomes significantly more favorably than the statewide median; 71% of the parents reported that their children's handling of daily life and relationships were better as a result of the services they received. (see pages 28 and 34).

Narrative Comments Based on Open-Ended Questions

In order to obtain a more complete understanding of the opinions and concerns of parents of young consumers, four open-ended questions were included in the questionnaire:

27. What was most helpful about the services you have received?
28. What was least helpful about the services you have received?
29. What could your mental health center do to improve?
30. Other comments:

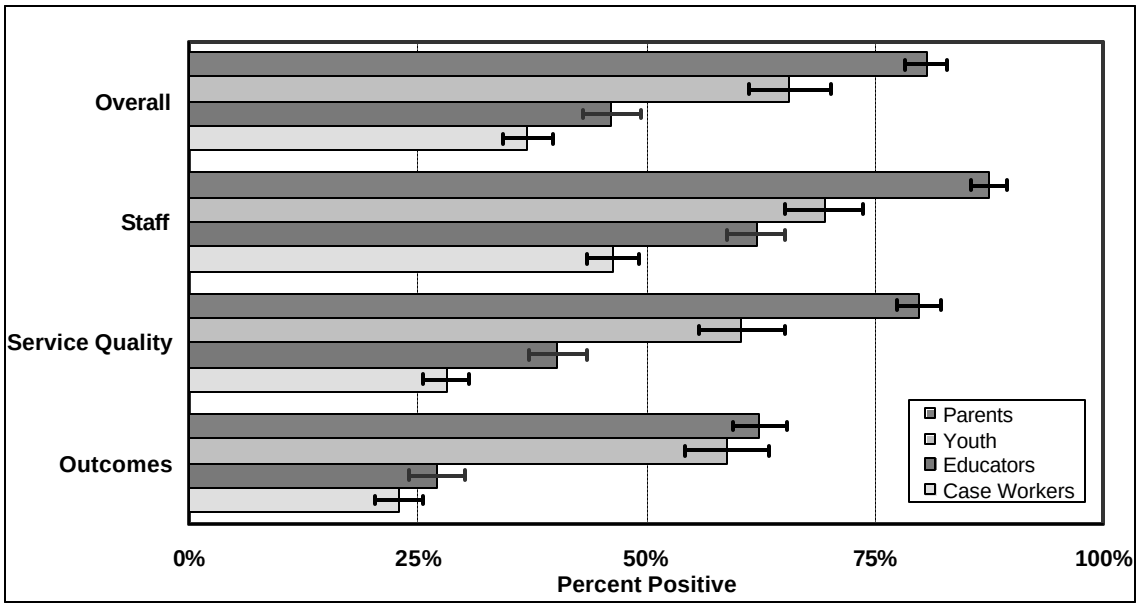
In total, 612 parents, (77% of the respondent pool), supplemented their responses to the fixed alternative questions with written comments. In the initial analysis, these comments were coded and grouped into positive and negative comments. In all regions except Lamoille County, parents were more likely to be positive than negative in their comments (Figure 10). Statewide, there were significantly more parents who made positive comments (66%) than parents who made negative comments (47%). A similarly significant difference was found in the comments made about child and adolescent programs in five of the ten CMHCs: Bennington, Chittenden, Orange, the Southeast and Washington County. For details see page 35.

COMPARATIVE EVALUATIONS BETWEEN STAKEHOLDERS

This survey was the fourth in a series of surveys seeking multiple stakeholder views of the child and adolescent mental health programs of Vermont's ten regional CMHCs. The series consisted of four surveys: youth aged 14 to 18 in 1999, SRS workers in 2000, educators in 2001 and parents in 2002. As far as possible, the respondents in each stakeholder group were asked the same questions. To facilitate comparison, a new *Service Quality* scale was generated for the parent and youth surveys. This was derived from responses to the items contributing to the existing service and quality scales on the parent and youth surveys.

Figure 3 below details statewide scores for each survey and a report card summarizing regional comparisons from each of the surveys is shown in Figure 4, page 8. In reviewing these findings, a number of general themes emerge.

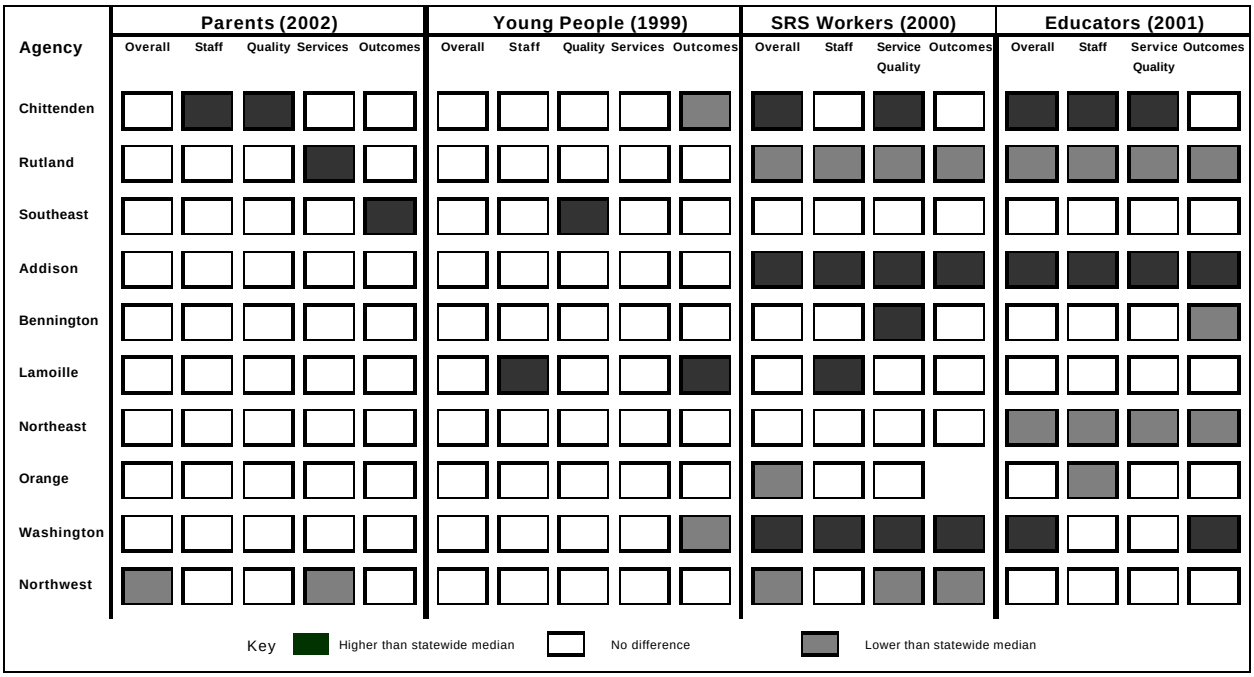
Figure 3. Statewide Multi-Stakeholder Comparative Positive Evaluation of Child and Adolescent Mental Health Programs



Statewide, there are considerable differences in level of scores on each scale between stakeholder groups. The two consumer stakeholder groups gave the highest evaluations with parents (81%) being the most positive *Overall* followed by the youth (66%). The professional groups gave considerably lower evaluations with educators (46%) being more positive *Overall* than SRS workers (37%). Despite these considerable differences in level of scores on each scale, the relative order of satisfaction remains the same. In all cases, mental health program *Staff* receive the highest ratings and *Outcomes* the lowest ratings. This pattern of ratings evident at the state level is repeated in many of the state's ten regions.

Regionally, there are wide differences in how each of the four stakeholder groups view program performance (see Figure 4). In general, there are few differences between regional programs in the view of the youth served and their parents. There are, however, differences between the youth and parent perceptions of the few programs whose evaluations differ significantly from the statewide median. For example, the program in Chittenden received the highest rating from parents and one of the least favorable ratings from youth.

Figure 4. Multi-Stakeholder Comparative Positive Evaluation of Child and Adolescent Mental Health Programs by Region



In contrast, the professional evaluations showed marked differences regionally and clear agreement on the highest and lowest rated child and adolescent programs. Both educators and SRS case workers gave high ratings to the program in Addison on all scales and high ratings on at least two scales to the programs in Washington and Chittenden counties. Educators and SRS case workers also gave low ratings to Rutland on all scales. The main inconsistencies were found in the evaluation of the programs in the Northeast and Northwest regions. The program in the Northeast was rated no differently from the statewide median on all scales for SRS workers, and rated lower than the statewide median on all scales by Educators. The program in the Northwest was rated no differently from the statewide median on all scales for Educators, and rated lower than the statewide median on three scales by SRS workers.

These surveys aimed to provide a clearer picture of how the consumer community (youth and parents) and our partners in the children's system of care view child and adolescent community mental health programs statewide and by region. Along with the administrative quantitative data reported by the CMHCs on the clients served and the services they receive, this information was collected to help program planners at the state level identify regional strengths and weaknesses in their efforts to provide high quality service statewide. At the regional level, the findings informed local mental health administrators on which aspects of their local programs are succeeding, or need further attention, in providing their clients with the most seamless, effective, and efficient system of care.

APPENDIX I

LETTERS

Letter to Child and Adolescent Mental Health Program Directors

First Cover Letter

Follow-up Cover Letter

Commissioner's Office (802) 241-2610
Developmental Services Division (802) 241-2614
Legal Division (802) 241-2602
241-1000
Fax Number (802) 241-1129
TTY Relay Service 1-800-253-0191

Mental Health Division (802) 241-2604
Fax Number (802) 241-3052
Vermont State Hospital (802)
Fax Number (802) 241-3001

State of Vermont

Agency of Human Services

Department of Developmental & Mental Health Services
Children, Adolescent and Family Unit
103 South Main Street
Weeks Building
Waterbury, Vermont 05671-1601

March 29, 2002

Dear :

The Child, Adolescent and Family Unit is requesting your help in conducting the fourth segment of our four-year cycle of satisfaction surveys. The first three segments surveyed (1) Medicaid eligible consumers aged 14-18, (2) SRS stakeholders, and (3) education stakeholders. The fourth segment will survey parents of consumers who had qualified for Medicaid and were aged 0-18. We further limited the field by stipulating that the consumers' primary program designation was children's mental health, they received at least three separate service encounters and they were seen between September 1, 2001 and February 28, 2002.

We have generated a list of such consumers from your agency and enclosed a copy. We are asking that you and your staff review this list and point out any consumers for whom you believe it would be inappropriate for us to contact their parents. We do not need to know the reasons for any particular situation, but if there are several such situations, we would be interested in the most common reason.

Please return the enclosed list to me by April 17 with the names of children whose parents we should not contact clearly marked.

We hope to mail out the surveys to parents on May 1, with a follow-up letter mailed on May 22, so that we can avoid the confusion of summer vacations. Data entry and analysis will proceed over the summer and the technical report should be available by the end of October.

Thank you for your on-going commitment to continuous quality improvement in our system of care.

Sincerely,

Alice Maynard, Chief
Mental Health Quality Management

Enclosure

Commissioner's Office (802) 241-2610
Developmental Services Division (802) 241-2614
Legal Division (802) 241-2602
Fax Number (802) 241-1129
TTY Relay Service 1-800-253-0191

Mental Health Division (802) 241-2604
Fax Number (802) 241-3052
Vermont State Hospital (802) 241-1000
Fax Number (802) 241-3001

State of Vermont

Agency of Human Services
Department of Developmental & Mental Health Services
Children, Adolescent and Family Unit
103 South Main Street
Weeks Building
Waterbury, Vermont 05671-1601

June 28, 2002

To the Parents of:
Name
Street Address
City, State Zipcode

Dear Parent:

You have been selected as a parent whose child or adolescent has received mental health services to help us evaluate the services provided by *CMHC Name* . Your opinions and your answers are very important to us. We want to continue to improve the quality of health care received by Vermonters and we believe that people who participate in services have a special insight into what makes quality health care.

Answering the survey's questions is your choice. Your answers will not affect your ability to receive services. No one at *CMHC Name* will know that you are participating in the survey.

Your answers to this survey will not be available to anyone other than our research staff. Results will only be reported as rates and percentages for large groups of people; no individuals will be identified. The code on the questionnaire will allow us to link your answers to information about insurance coverage and to assure that you do not receive another survey after you answer this one.

If you would like to receive a summary of the results of this survey, please check the box at the end of the questionnaire. If you have any questions, please feel free to call Alice Maynard, Chief of Quality Management, at 802-241-2621.

Thank you for your help in this important project.

Sincerely,

Charles Biss, Director
DDMHS
Child, Adolescent and Family Unit

enclosure
cb/am/sv

Commissioner's Office (802) 241-2610
Developmental Services Division (802) 241-2614
Legal Division (802) 241-2602
Fax Number (802) 241-1129
TTY Relay Service 1-800-253-0191

Mental Health Division (802) 241-2604
Fax Number (802) 241-3052
Vermont State Hospital (802) 241-1000
Fax Number (802) 241-3001

State of Vermont

Agency of Human Services
Department of Developmental & Mental Health Services
Children, Adolescent and Family Unit
103 South Main Street
Weeks Building
Waterbury, Vermont 05671-1601

June 28, 2002

To the Parents of:
Name
Street Address
City, State Zipcode

Dear Parent:

I am writing to encourage you to complete and return the survey about community mental health services you received three weeks ago. Your answers to the survey's questions are important to us.

In case you did not receive the original survey or misplaced it, I have enclosed another copy with a pre-addressed and stamped return envelope in which to mail it.

Thank you for your help.

Sincerely,

Charles Biss, Director
DDMHS
Child, Adolescent and Family Unit

enclosure
cb/am/sv

APPENDIX II

VERMONT MENTAL HEALTH CONSUMER SURVEY

Vermont Mental Health Consumer Survey

Please circle the number for each item that best describes your evaluation of the services you received from *<CMHC Name>*.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
Results					
The services we received from *<CMHC Name>* were helpful to my child and family	1	2	3	4	5
As a result of the services I received:					
1. My child is better at handling daily life	1	2	3	4	5
2. My child gets along better with family members	1	2	3	4	5
3. My child gets along better with friends and other people	1	2	3	4	5
4. My child is doing better in school and/or at work	1	2	3	4	5
5. My child is better able to cope when things go wrong	1	2	3	4	5
6. I am satisfied with our family life right now	1	2	3	4	5
Services					
7. I liked the services we received from *<CMHC Name>*	1	2	3	4	5
9. I helped to choose my child's treatment goals	1	2	3	4	5
10. I helped to choose my child's services	1	2	3	4	5
11. The services my child and/or family received were right for us	1	2	3	4	5
12. The location of my mental health services was convenient.	1	2	3	4	5
13. Services were available at times convenient for me.	1	2	3	4	5
Staff					
14. I liked the staff people who worked with me at *<CMHC Name>*	1	2	3	4	5
15. The staff knew how to help my child	1	2	3	4	5
16. The staff asked me what I wanted/needed	1	2	3	4	5
17. The staff listened to what I had to say	1	2	3	4	5
18. Staff respected my wishes about who received information about us	1	2	3	4	5
19. Staff treated me with respect	1	2	3	4	5
20. Staff respected my family's religious/spiritual beliefs	1	2	3	4	5
21. Staff spoke with me in a way that I understood	1	2	3	4	5
22. Staff were sensitive to my cultural/ethnic background	1	2	3	4	5

-Over-

Overall Satisfaction

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
23. Overall, I am satisfied with the services my child received	1	2	3	4	5
24. The services I received from *<CMHC Name>* this year were of good quality	1	2	3	4	5
25. If I needed mental health services in the future, I would use this mental health center again	1	2	3	4	5
26. I would recommend this mental health center to a friend who needed help	1	2	3	4	5

Comments

27. What was most helpful about the services you received?

28. What was least helpful about the services you received?

29. What could your mental health center do to improve?

30. Other comments?

☐ Please send me a summary of the findings of the survey.

Thank you!

APPENDIX III

DATA COLLECTION

Project Philosophy

Data Collection Procedures

Consumer Concerns

Project Philosophy

This survey was designed with two goals in mind. First, the project was designed to provide an assessment of program performance that would allow a variety of stakeholders to compare the performance of child and adolescent mental health programs in Vermont. These stakeholders, who are the intended audience for this report, include consumers, parents, caregivers, program administrators, funding agencies, and members of the general public. The findings of this survey will be an important part of the local agency Designation process conducted by DDMHS. It is hoped that these findings will also support local programs in their ongoing quality improvement process. Second, the project was designed to give parents whose children receive mental health services a voice and to provide a situation in which that voice would be heard. These two goals led to the selection of research procedures that are notable in three ways.

First, all qualified individuals, not just a sample of qualified individuals, were invited to participate in the evaluation. This approach was selected in order to assure the statistical power necessary to compare even small programs across the state, and to provide all parents of children who had received at least three Medicaid funded mental health services during a given six month period, (September 2001 to March 2002), with a voice in the evaluation of their programs.

Second, questionnaires were not anonymous (although all responses are treated as personal/confidential information). An obvious code on each questionnaire allowed the research team to link survey responses with other data about the respondents' children (e.g., age, sex, diagnosis, type and amount of service). This information allowed the research team to identify any non-response bias or bias due to any differences in the caseload of different programs, and to apply analytical techniques that control the effect of the bias. The ability to connect survey responses to personally identifying information also allowed Mental Health Division staff to contact respondents whenever strong complaints were received or potentially serious problems were indicated. In such cases respondents were asked if they wanted Department staff to follow up on their concerns.

Third, sophisticated statistical procedures were used to assure that any apparent differences among programs were not due to differences in caseload characteristics, and to assure measures of statistical significance were sensitive to response rates achieved by this study. Both procedures are described in more detail in Appendix III.

Data Collection Procedures

Questionnaires (see Appendix II) were mailed to 3,189 parents whose children had received Medicaid reimbursed services from child and adolescent mental health programs in Vermont during the period September 2001 to March 2002. The questionnaires were mailed during May through June 2002 by the Mental Health Division Child and Family Unit central office staff. Each questionnaire was clearly numbered. The cover letter to each client specifically referred to this number, explained its purpose, and assured the potential respondent that his or her personal privacy would be protected (see Appendix I). The stated purpose of the questionnaire number was to allow the research team to identify non-respondents for follow-up, and to allow for the linkage of questionnaire responses to the DDMHS databases.

Before any questionnaires were mailed, a letter with a list of children served who had received at least three Medicaid funded mental health services in the set six month period was sent to every child and adolescent mental health program director. This letter described the project and asked the program directors to identify any children receiving services for whom it would be

inappropriate to contact their parents (see Appendix I). Of the 4,639 children who had received at least three services during that six month period, 3,341 (72%) had received Medicaid reimbursed services. The final mailing list included 3,189 (96%) of the 3,341 names on the original list; 2,788 surveys were deliverable (see Appendix V, page 26).

Approximately three weeks after the original questionnaire was mailed, people who had not responded to the first mailing were sent a follow-up letter (see Appendix I). This mailing included a follow-up cover letter, a copy of the original cover letter, and a second copy of the questionnaire.

Questionnaires were received from 25% of all potential respondents. About 13% of the questionnaires were returned as undeliverable, and fourteen parents explicitly refused to participate in the survey. The adjusted response rate, excluding undeliverable questionnaires, was 28% statewide. Adjusted response rates for individual child and adolescent mental health programs varied from 24% to 33%. (See Appendix V for program-by-program response rates.) Response rates also varied according to characteristics of the children served. Parents of children in the age groups 16-18 and those whose children received a high volume of services had the highest response rates. Those whose children had been diagnosed with externalizing DSM disorders were also more likely to respond than those with children with internalizing DSM disorders. There was no difference in response rates in terms of the gender of children receiving services.

Consumer Concerns

Written comments accompanied 77% of all returned questionnaires. Some of these comments expressed concerns of various kinds. Whenever a written comment indicated the possibility of a problem that involved the health or safety of a client, or that involved potential ethical or legal problems, a formal complaint procedure was initiated. Staff of the consumer satisfaction project hand-delivered a copy of the questionnaire to the Division of Mental Health staff person responsible for consumer complaints. Two staff people reviewed each complaint. If follow-up was deemed appropriate, staff contacted the consumer (by telephone or mail) to volunteer the service of the Division staff in regard to the issue.

In this study, 3 questionnaires were referred to the Vermont Division of Mental Health. The issue in each case involved a lack of service provision, which potentially could have left a child at risk of harm. In each situation, staff from the Division of Mental Health contacted the parent by telephone, expressed concern and asked for clarification. In two of the three cases, staff asked for permission from the parent to connect with their local CMHC and to ask the direct service staff to speak with the parent about their unmet needs. Permission was granted, connections were made, and the children's plan of care was modified. In the third case, a referral was made to the Vermont Federation of Families for Children's Mental Health, a parent-run information, referral, support, and advocacy organization.

APPENDIX IV

ANALYTICAL PROCEDURES

Scale Construction and Characteristics

Positive and Negative Narrative Comments

Data Analysis

Finite Population Correction

Case-mix Adjustment

Discussion

Scale Construction

The Vermont survey of parents whose children had been served by child and adolescent mental health programs included twenty-six fixed alternative questions and four opened-ended questions. Responses to the fixed alternative questions were entered directly into a computer database for analysis. Responses to the open ended questions were coded into positive and negative categories. On the fixed alternative questions, responses that indicated parents 5 "Strongly Agree" or 4 "Agree" with the item were grouped to indicate a positive evaluation of program performance.

For purposes of analysis, five scales were derived from the parents' responses to the fixed alternative questions. These scales include a scale that measures parents' *Overall* evaluation of their child's treatment program, and subscales that measure their evaluation of the *Services* received, the *Staff* who provided services, and the *Quality* of the services received. In addition, a final scale measured the parents' perception of treatment *Outcomes*, the impact of the services on their child and family life.

Overall consumer evaluation of child and adolescent mental health program performance, the first composite measure, uses all of the 26 fixed alternative questions. After each person's response to each questionnaire item was coded as "positive" or "not positive" the number of items with positive responses for each person was divided by the total number of questions to which the person had responded. Individuals who had responded to less than half of the items included in any scale were excluded from the computation for that scale. (Seven parents' ratings (0.9% of respondents) were excluded for the *Overall, Staff,* and *Quality* scales, 10 (1.3%) on the *Services* scale and 12 (1.5%) on the *Outcomes* scale).

Staff, our second composite measure, was derived from consumer responses to nine fixed alternative questions. The items that contributed to this scale include:

16. I liked the staff people who worked with me at *<CMHC Name>.*
17. The staff knew how to help my child.
16. The staff asked me what I wanted/needed.
17. The staff listened to what I had to say.
18. Staff respected my wishes about who received information about us.
23. Staff treated me with respect.
24. Staff respected my family's religious/spiritual beliefs.
25. Staff spoke with me in a way that I understand.
26. Staff were sensitive to my cultural/ethnic background.

For a rating to be included, at least five of these questions had to have been answered. The scores for the items that were answered were summed and divided by the number of items answered. The results were rounded to an integer scale with 4 and 5 coded as positive. The internal consistency of this scale, as measured by average inter-item correlation (Cronbach's Alpha) is .8551.

Quality, our third composite measure was derived from consumer responses to three of the other fixed alternative questions. The items that contributed to this scale include:

24. The services I received from at <*CMHC Name*> this year were of good quality.
25. If I needed mental health services in the future, I would use this mental health center again.
26. I would recommend this mental health center to a friend who needed help.

For a rating to be included, at least two of these questions had to have been answered. The scores for the items that were answered were summed and divided by the number of items answered. The results were rounded to an integer scale with 4 and 5 coded as positive. The internal consistency of this scale, as measured by average inter-item correlation (Cronbach's Alpha) is .9518.

Services, the fourth measure, was derived from consumer responses to seven of the other fixed alternative questions. The Items that contributed to this scale include:

7. I liked the services we received from <*CMHC Name>.*
8. I helped to choose my child's treatment goals.
9. I helped to choose my child's services.
10. I wanted more services than I got.
11. The services my child and/or family received were right for us.
12. The location of our mental health services was convenient.
13. Services were available at times convenient for me.

For a rating to be included, at least four of these questions had to have been answered. The scores for the items that were answered were summed and divided by the number of items answered. The results were rounded to an integer scale with 4 and 5 coded as positive. The internal consistency of this scale, as measured by average inter-item correlation (Cronbach's Alpha) is .8243.

Parents' perception of treatment *Outcomes,* the final measure*,* was based on responses to six of the fixed alternative questions. The Items that contributed to this scale include:

As a result of the services my child received:

2. My child is better at handling daily life.
3. My child gets along better with my family.
4. My child gets along better with friends and other people.
5. My child is doing better in school and/or at work.
6. My child is better able to cope when things go wrong.
7. I am satisfied with our family life right now.

The Outcomes scale was constructed for all individuals who had responded to at least four of these items. The scores for the items that were answered were summed and divided by the number of items answered. The results were rounded to an integer scale with 4 and 5 coded as positive. The internal consistency of this scale, as measured by average inter-item correlation (Cronbach's Alpha) is .9194.

Positive and Negative Narrative Comments

In order to obtain a more complete understanding of the opinions and concerns of consumers of child and adolescent mental health programs in Vermont, four open-ended questions were included in the questionnaire:

27. What was most helpful about the services you received?
28. What was least helpful about the services you received?
29. What could your mental health center do to improve?
30. Other comments?

Six hundred and fourteen parents (77% of all respondents) supplemented their responses to fixed alternative questions with written comments. In addition a further ten parents supplied comments only. These written responses were coded and grouped to provide a further indicator of consumer satisfaction with child and adolescent mental health programs. The primary indicator derived from consumer responses to the open ended questions was the proportion of all respondents who made positive or negative comments about their child and adolescent mental health programs.

Data Analysis

In order to provide a more valid basis for comparison of the performance of Vermont's ten child and adolescent mental health programs, two statistical correction/adjustment procedures were incorporated into the data analysis. First, a "finite population correction" was applied to results to adjust for the proportion of all potential respondents who returned useable questionnaires. Second, a statistical "case-mix adjustment" helped to eliminate any bias that might be introduced by dissimilarities among the client populations served by different community programs.

Finite Population Correction

Consumer satisfaction surveys, intended to provide information on a finite number of people who are served by community mental health programs, can achieve a variety of response rates. Just under 30% of all potential respondents to this survey, for instance, returned useable questionnaires. When responses are received from a substantial proportion of all potential subjects, standard techniques for determining confidence intervals overstate the uncertainty of the results. The standard procedure for deriving 95% confidence intervals for survey results assumes an infinite population represented by a small number of observations. This confidence interval is derived by multiplying the standard error of the mean for the sample by 1.96.

In order to correct this confidence interval for studies in which a substantial proportion of all potential respondents is represented, a "finite population correction" can be added to the computation. The corrected confidence interval is derived by multiplying the uncorrected confidence interval by $\sqrt{1 - n/N}$, where n is the number of observations and N is the total population under examination.

The statistical significance of all findings in the body of this report have been computed using this finite population correction.

Case-mix Adjustment

In order to compare the performance of Vermont's child and adolescent mental health programs, each of the six measures of consumer satisfaction described above were statistically adjusted to account for differences in the case-mix of the ten programs. This process involved three steps. First, child characteristics that were statistically related to variation in parent evaluations of child and adolescent mental health programs were identified. A variety of child characteristics were tested. These included gender, age, and a range of yes/no variables for individual DSM diagnoses, externalizing or internalizing disorders, and whether the child was in an out-of-home placement. Second, statistically significant differences in the caseloads of the community programs were identified and compared to the variables that were related to variation in consumer ratings of program performance. Finally, variables that were statistically related to both response rates and satisfaction with services were used to adjust the raw measures of satisfaction for each community program. The relationship of each of the five scales to client characteristics and the variation of each across programs is described in the following table:

Table 1. Risk Adjustment: Statistical Significance of Relationships

Potential Risk Adjustment Factors	Agency Case Mix	Scales				
		Overall	Outcomes	Services	Quality	Staff
Age	*	*	*	*	*	*
Affective Disorder		*				
Anxiety	*					*
Adhd		*	*	*	*	*
Adjustment Disorder	*			*		
Externalizing disorders		*	*		*	*

Three of the risk adjustment factors were found to vary among the child and adolescent mental health program caseloads at a statistically significant level (p.<.10). These factors include age (less than 10 years, 10-13, and 14-18), a diagnosis of anxiety, and a diagnosis of adjustment disorder.

All scale scores were significantly related to the age of the children served. The *Staff* scale scores were significantly related to age and anxiety diagnoses, and the *Service* scale scores were significantly related to age and adjustment disorder diagnoses. Parents with pre-teen children and those whose children had anxiety disorders rated their child and adolescent mental health programs more favorably. Parents with younger children with adjustment disorders tended to view the programs more favorably than those with older children with adjustment disorders. Because scores on these scales varied among programs and were related to the risk factors, the scales were risk adjusted before scores for different programs were compared.

Whenever a statistical adjustment of survey results was necessary to provide an unbiased comparison of child and adolescent mental health programs, the analysis followed a four-step process. First, the respondents from each community program were divided into the number of categories resulting from the combination of risk factors. When age alone is required, three categories are used. When age (three categories) and adjustment disorder (two categories) adjustments are both indicated, six categories result. Second, the average (mean) respondent rating was determined for each of these categories. Third, the proportion of all child and adolescent mental health program clients, statewide, who fell into each category was determined. Finally, the average parent rating for each category was multiplied by the statewide proportion of all potential respondents who fell into that category, and the results were summed to provide a measure of consumer rating that is free of the influence of differences in the characteristics of consumers across programs.

Mathematically, this analytical process is expressed by the following formula:

$$\sum w_i \overline{X_i}$$

Where "w_i " is the proportion of all potential respondents who fall into age category “i”, and “ $\overline{X_i}$ ” is the average level of satisfaction for people in age group “i".

When one of the categories used in this analysis includes no responses, it is necessary to reconsider if the difference between the caseload of a specific program and the caseload of other programs in the state is too great to allow for statistical case-mix adjustment. If it is decided that the difference is within reason, the empty category was collapsed into an adjacent category and the process described above was repeated using the smaller set of categories.

Discussion

Both of the statistical adjustments/corrections used in this evaluation allowed the analysis to take into account the methodological strengths and shortcomings of the survey and the unique characteristics of Vermont’s community mental health programs. Finite population correction provides the narrower confidence intervals that are appropriate to a study, which obtains responses from a large proportion of all potential respondents. Statistical adjustment for difference in case-mix allows researchers and program evaluators to appropriately compare the performance of programs that serve people with different demographic and clinical characteristics, and different patterns of service utilization.

In the Vermont Parent Survey, the finite population correction had a small impact on the statistical significance of the results of the consumer satisfaction survey. The statistical adjustment designed to correct for differences in case-mix across provider organizations had some impact on the survey results. This pattern is the result of specific characteristics of the Vermont survey and the Vermont system of care. The Vermont parent survey had a moderate response rate, and there was very little difference in the client populations of the ten programs in areas that were related to consumer satisfaction. The relative impact of these statistical adjustments will be very different in situations where response rates are higher and/or case-mix differences are more substantial.

APPENDIX V

TABLES AND FIGURES

Response Rates by Program

Positive Responses to Individual Questions by Program

Positive Scale Scores by Program

Provider Comparisons

Table 2

Parent Survey 2002: Response Rates by Program

Evaluation of Child and Adolescent Mental Health Programs By Parents of Children Served September 2001 to March 2002 in Vermont

Region/Provider[3]		Number						Response Rate	
		Mailed	Deliverable	Refusals	No Response	Returned[1]	Useable Surveys[2]	Returned[1]	Analyzed[2]
Statewide		3,189	2,788	14	1,988	800	790	29%	28%
Addison	-CSAC	363	335	2	224	111	110	33%	33%
Bennington	-UCS	222	201	0	140	61	60	30%	30%
Chittenden	-HCHS	676	589	7	445	144	142	24%	24%
Lamoille	-LCMHS	40	32	0	23	9	9	28%	28%
Northeast	-NKHS	357	303	0	224	79	79	26%	26%
Northwest	-NCSS	310	271	0	190	81	78	30%	29%
Orange	-CMC	242	222	0	150	72	72	32%	32%
Rutland	-RMHS	178	162	1	112	50	50	31%	31%
Southeast	-HCRSSV	415	328	1	234	94	91	29%	28%
Washington	-WCMHS	386	345	3	246	99	99	29%	29%

[1] All responses to survey including those who supplied comments but did not complete fixed response questions.
[2] Questionnaires that had been completed and used for analysis.
[3] Appendix 6 gives the full name and location of each of the ten designated CMHCs.

Table 3

Parent Survey 2002:
Positive Responses to Individual Fixed Alternative Questions by Program

	State	Addison	Bennington	Chittenden	Lamoille	Northeast	Northwest	Orange	Rutland	Southeast	Washington
21. Staff spoke with me in a way that I understood	**92%**	**88%**	**95%**	**96%**	**100%**	**94%**	**87%**	**92%**	**94%**	**93%**	**91%**
19. Staff treated me with respect	**91%**	**92%**	**97%**	**95%**	**100%**	**87%**	**85%**	**93%**	**94%**	**87%**	**93%**
14. We like the staff who work with us	**89%**	**91%**	**90%**	**93%**	**89%**	**81%**	**87%**	**92%**	**98%**	**82%**	**88%**
18. Staff respected my wishes about who received information about us	**88%**	**84%**	**88%**	**90%**	**89%**	**87%**	**84%**	**89%**	**96%**	**87%**	**88%**
12. The location of my mental health services was convenient	**88%**	**88%**	**90%**	**85%**	**89%**	**94%**	**82%**	**89%**	**90%**	**89%**	**86%**
17. The staff listened to what I have to say	**86%**	**83%**	**81%**	**94%**	**100%**	**83%**	**81%**	**86%**	**94%**	**84%**	**82%**
22. Staff were sensistive to my cultural/ethnic background	**85%**	**85%**	**83%**	**86%**	**100%**	**85%**	**80%**	**90%**	**93%**	**82%**	**84%**
20. Staff respected my family's religious/spiritual beliefs	**84%**	**80%**	**86%**	**85%**	**80%**	**84%**	**83%**	**90%**	**93%**	**80%**	**84%**
1.The services we received from <CMHC name> were helpful to my child and family	**83%**	**78%**	**83%**	**86%**	**89%**	**77%**	**78%**	**86%**	**86%**	**87%**	**82%**
13. Services were available at times convenient for me	**81%**	**85%**	**92%**	**78%**	**89%**	**78%**	**81%**	**81%**	**82%**	**81%**	**78%**
26. I would recommend this mental health center to a friend who needed help	**80%**	**79%**	**78%**	**88%**	**56%**	**79%**	**78%**	**78%**	**84%**	**81%**	**75%**
24. The services I received from <CMHC name> this year were of good quality	**80%**	**78%**	**83%**	**86%**	**67%**	**78%**	**78%**	**75%**	**80%**	**81%**	**79%**
16. The staff asked me what I wanted/needed	**80%**	**73%**	**78%**	**89%**	**100%**	**78%**	**75%**	**82%**	**88%**	**74%**	**79%**
8. I like the services we received from <CMHC name>	**79%**	**76%**	**82%**	**85%**	**67%**	**75%**	**77%**	**75%**	**86%**	**80%**	**82%**
25. If I needed mental health services in the future, I would use this mental health center again	**79%**	**77%**	**81%**	**86%**	**56%**	**78%**	**78%**	**73%**	**82%**	**81%**	**76%**
23. Overall, I am satisfied with the services my child received	**78%**	**77%**	**78%**	**82%**	**67%**	**77%**	**74%**	**79%**	**74%**	**78%**	**76%**
9. I helped choose my child's treatment goals	**76%**	**73%**	**73%**	**78%**	**89%**	**80%**	**71%**	**78%**	**80%**	**75%**	**75%**
10. I helped choose my child's services	**75%**	**69%**	**79%**	**81%**	**100%**	**75%**	**67%**	**78%**	**80%**	**73%**	**71%**
15. The staff knew how to help my child	**73%**	**75%**	**75%**	**76%**	**56%**	**73%**	**65%**	**75%**	**74%**	**70%**	**74%**
11. The services my child and/or family received were right for us	**72%**	**72%**	**73%**	**78%**	**67%**	**75%**	**63%**	**71%**	**70%**	**71%**	**70%**
5. My child is doing better in school and/or work	**66%**	**66%**	**67%**	**66%**	**75%**	**54%**	**71%**	**63%**	**69%**	**67%**	**67%**
2. My child is doing better at handling daily life	**64%**	**63%**	**69%**	**70%**	**75%**	**61%**	**63%**	**59%**	**63%**	**64%**	**64%**
4. My child gets along better with friends and other people	**64%**	**64%**	**59%**	**69%**	**75%**	**62%**	**58%**	**57%**	**62%**	**67%**	**67%**
3. My child gets along better with family members	**60%**	**64%**	**59%**	**56%**	**71%**	**59%**	**53%**	**60%**	**72%**	**61%**	**62%**
7. I am satisfied with our family life right now	**55%**	**51%**	**50%**	**59%**	**38%**	**56%**	**53%**	**52%**	**57%**	**57%**	**58%**
6. My child is better able to cope when things go wrong	**54%**	**53%**	**55%**	**59%**	**63%**	**53%**	**45%**	**56%**	**55%**	**53%**	**55%**
Average	**77%**	**76%**	**78%**	**80%**	**78%**	**75%**	**73%**	**77%**	**80%**	**76%**	**77%**

Table 4

Parent Survey 2002: Adjusted Positive Scale Scores by Program

Region		Overall	Staff	Quality	Services	Outcomes
Statewide median		81%	89%	78%	81%	61%
Addison	-CSAC	79%	83%	78%	79%	60%
Bennington	-UCS	81%	89%	83%	80%	61%
Chittenden	-HCHS	83%	**94%**	**86%**	84%	66%
Lamoille	-LCMHS	90%	100%	66%	86%	74%
Northeast	-NKHS	77%	80%	77%	77%	59%
Northwest	-NCSS	**71%**	87%	77%	**72%**	52%
Orange	-CMC	86%	89%	75%	83%	60%
Rutland	-RMHS	85%	94%	85%	**90%**	62%
Southeast	-HCRSSV	82%	88%	83%	81%	**71%**
Washington	-WCMHS	80%	86%	77%	80%	66%

Rates in bold typeface are significantly different from statewide median rating for that scale.

PROVIDER COMPARISONS

Positive Overall Evaluation

Positive Evaluation of Staff

Positive Evaluation of Quality

Positive Evaluation of Services

Positive Evaluation of Outcomes

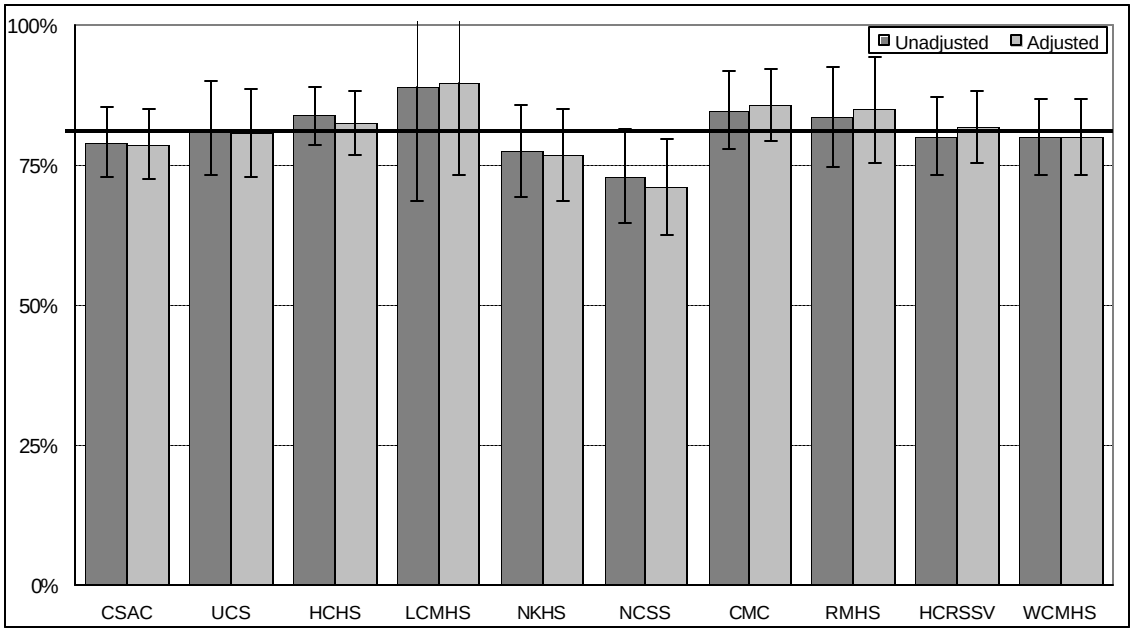
Additional Positive and Negative Narrative Comments

Report Card for Agencies

Multi-informant Comparative Evaluation

Figure 5. Survey 2002: Positive Overall Evaluation

By Parents of Children Served in Vermont September 2001- March 2002



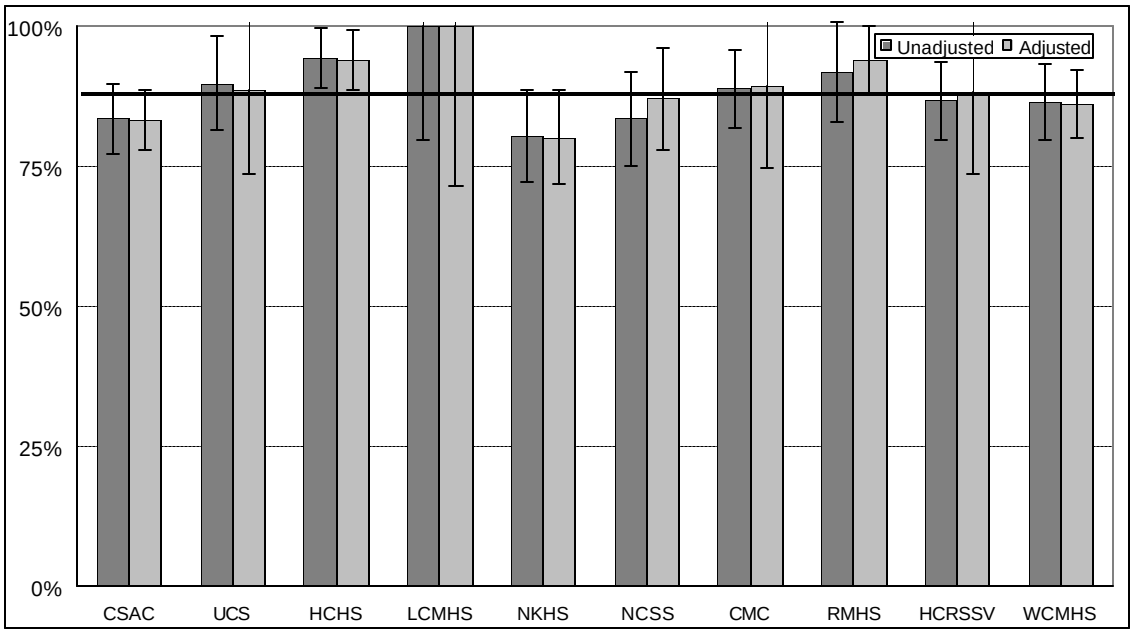
Region/Provider	# Respondents	# Positive Respondents	Adj.%Positive Respondents	Confidence Interval	Significance*
Addison -CSAC	110	87	79%	(73%-85%)	
Bennington -UCS	60	49	81%	(73%-89%)	
Chittenden -HCHS	142	119	83%	(77%-88%)	
Lamoille -LCMHS	9	8	90%	(>73%)	
Northeast -NKHS	76	59	77%	(69%-85%)	
Northwest -NCSS	78	57	71%	(63%-80%)	*
Orange -CMC	72	61	86%	(79%-92%)	
Rutland -RMHS	49	41	85%	(76%-94%)	
Southeast -HCRSSV	91	73	82%	(75%-88%)	
Washington -WCMHS	96	77	80%	(73%-87%)	
Statewide median	783	631	81%		

% positive scores adjusted to account for differences between agencies in numbers of young people in different age groups (ages 0-9, 10-13, 14-18).

* Denotes that ratings given by parents of children served by this agency are significantly different to the statewide median rating ($p<.05$).

Figure 6. Survey 2002: Positive Evaluation of Staff

By Parents of Children Served in Vermont September 2001- March 2002



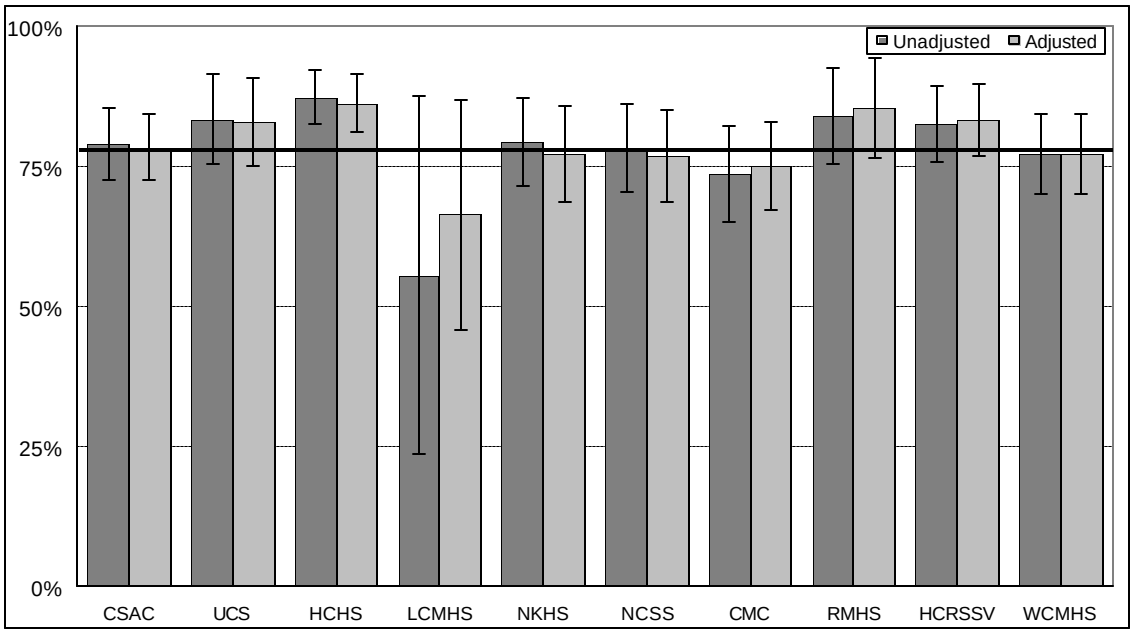
Region/Provider	# Respondents	# Positive Respondents	Adj.%Positive Respondents	Confidence Interval	Significance*
Addison -CSAC	109	91	83%	(78%-89%)	
Bennington -UCS	59	53	89%	(>74%)	
Chittenden -HCHS	138	130	94%	(89%-99%)	*
Lamoille -LCMHS	9	9	100%	(>72%)	
Northeast -NKHS	77	62	80%	(72%-89%)	
Northwest -NCSS	79	66	87%	(78%-96%)	
Orange -CMC	72	64	89%	(>75%)	
Rutland -RMHS	49	45	94%	(88%-100%)	
Southeast -HCRSSV	90	78	88%	(>74%)	
Washington -WCMHS	96	83	86%	(80%-92%)	
Statewide median	778	681	89%		

% positive scores adjusted to account for differences between agencies in numbers of young people in different age groups (ages 0-9, 10-13, 14-18) and the proportion of children served who have a diagnosed anxiety disorder.

* Denotes that ratings given by parents of children served by this agency are significantly different to the statewide median rating ($p<.05$).

Figure 7. Survey 2002: Positive Evaluation of Quality

By Parents of Children Served in Vermont September 2001- March 2002



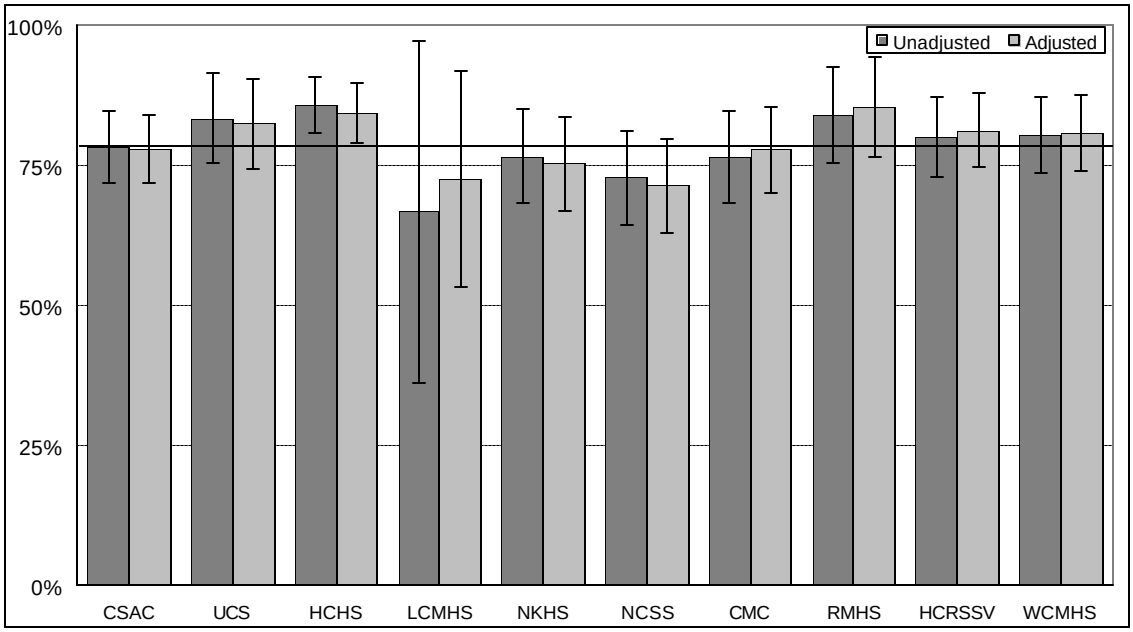
Region/Provider	# Respondents	# Positive Respondents	Adj.%Positive Respondents	Confidence Interval	Significance*
Addison -CSAC	109	86	78%	(72%-84%)	
Bennington -UCS	60	50	83%	(75%-91%)	
Chittenden -HCHS	141	123	86%	(81%-91%)	*
Lamoille -LCMHS	9	5	66%	(46%-87%)	
Northeast -NKHS	77	61	77%	(69%-86%)	
Northwest -NCSS	78	61	77%	(69%-85%)	
Orange -CMC	72	53	75%	(67%-83%)	
Rutland -RMHS	50	42	85%	(76%-94%)	
Southeast -HCRSSV	91	75	83%	(77%-90%)	
Washington -WCMHS	96	74	77%	(70%-84%)	
Statewide median	783	630	78%		

% positive scores adjusted to account for differences between agencies in numbers of young people in different age groups (ages 0-9, 10-13, 14-18).

* Denotes that ratings given by parents of children served by this agency are significantly different to the statewide median rating ($p<.05$).

Figure 8. Positive Evaluation of Services

By Parents of Children Served in Vermont September 2001- March 2002



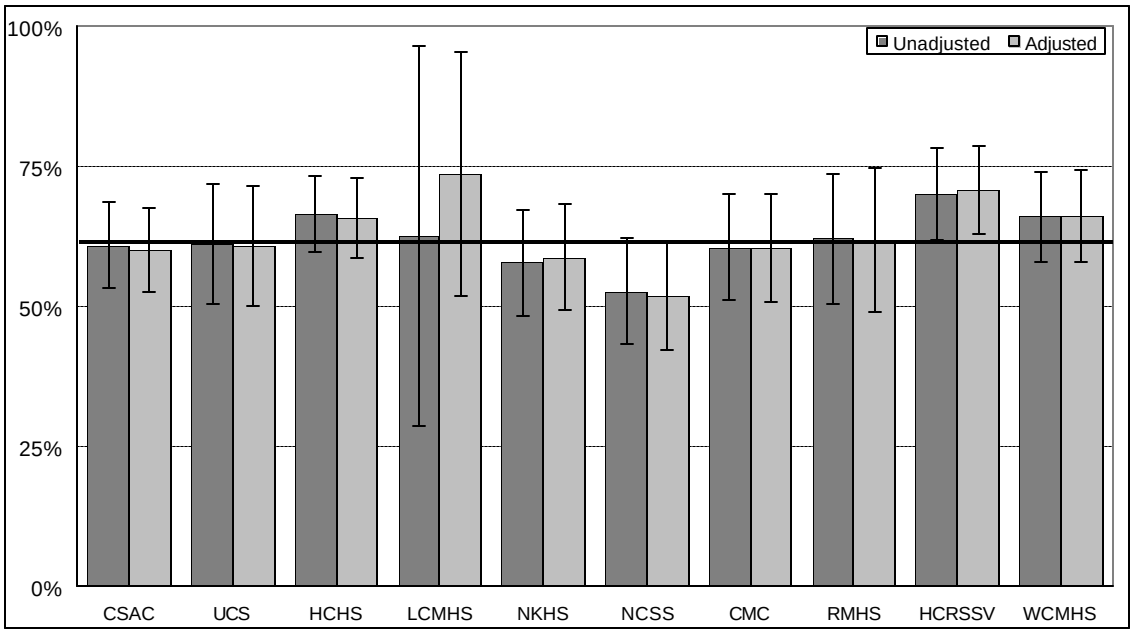
Region/Provider	# Respondents	# Positive Respondents	Adj.%Positive Respondents	Confidence Interval	Significance*
Addison -CSAC	110	86	78%	(72%-84%)	
Bennington -UCS	60	50	82%	(74%-90%)	
Chittenden -HCHS	141	121	84%	(79%-90%)	*
Lamoille -LCMHS	9	6	73%	(53%-92%)	
Northeast -NKHS	77	59	75%	(67%-84%)	
Northwest -NCSS	77	56	71%	(63%-80%)	
Orange -CMC	72	55	78%	(70%-85%)	
Rutland -RMHS	50	42	85%	(76%-94%)	
Southeast -HCRSSV	90	72	81%	(75%-88%)	
Washington -WCMHS	97	78	81%	(74%-87%)	
Statewide median	783	625	79%		

% positive scores adjusted to account for differences between agencies in numbers of young people in different age groups (ages 0-9, 10-13, 14-18).

* Denotes that ratings given by parents of children served by this agency are significantly different to the statewide median rating ($p<.05$).

Figure 9. Positive Evaluation of Outcomes

By Parents of Children Served in Vermont September 2001- March 2002



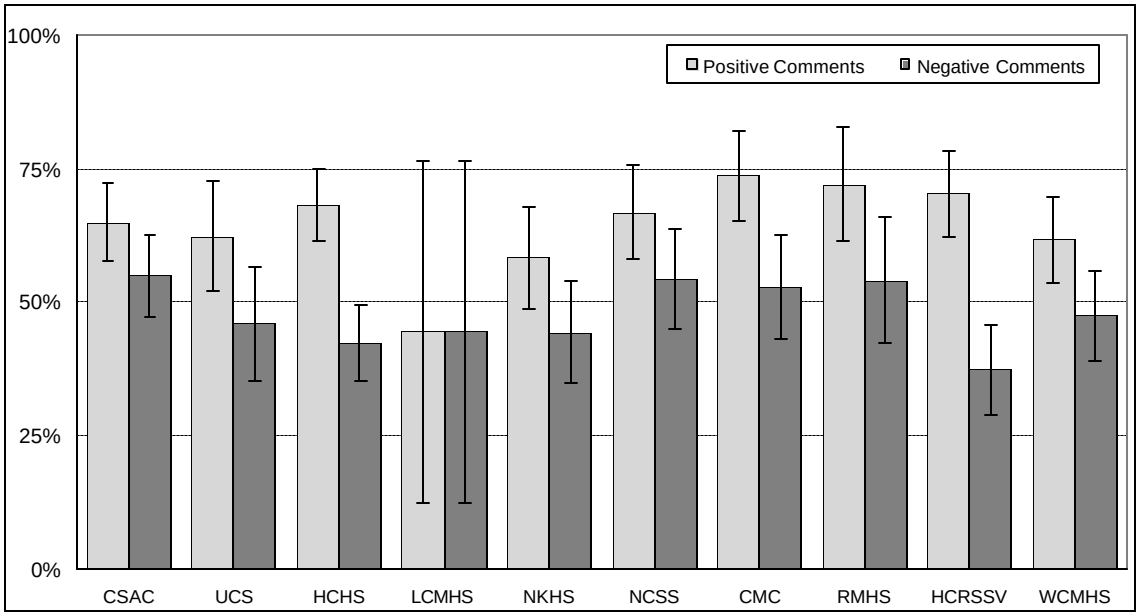
Region/Provider	# Respondents	# Positive Respondents	Adj.%Positive Respondents	Confidence Interval	Significance*
Addison -CSAC	107	65	60%	(52%-67%)	
Bennington -UCS	59	36	61%	(50%-72%)	
Chittenden -HCHS	140	93	66%	(59%-73%)	
Lamoille -LCMHS	8	5	74%	(52%-95%)	
Northeast -NKHS	78	45	59%	(49%-68%)	
Northwest -NCSS	78	41	52%	(42%-61%)	
Orange -CMC	71	43	60%	(51%-70%)	
Rutland -RMHS	50	31	62%	(49%-75%)	
Southeast -HCRSSV	90	63	71%	(63%-79%)	*
Washington -WCMHS	97	64	66%	(58%-74%)	
Statewide median	778	486	61%		

% positive scores adjusted to account for differences between agencies in numbers of young people in different age groups (ages 0-9, 10-13, 14-18).

* Denotes that ratings given by parents of children served by this agency are significantly different to the statewide median rating ($p<.05$).

Figure 10. Additional Positive and Negative Narrative Comments

By Parents Served by Child and Adolescent Mental Health Programs in Vermont



Region/Provider	# Respondents	% Positive Respondents	Confidence Interval	%Negative Respondents	Confidence Interval	Significance*
Addison -CSAC	111	65%	(58%-72%)	55%	(47%-63%)	
Bennington -UCS	81	62%	(52%-73%)	46%	(35%-57%)	*
Chittenden -HCHS	144	68%	(61%-75%)	42%	(35%-49%)	*
Lamoille -LCMHS	9	44%	(12%-76%)	44%	(12%-76%)	
Northeast -NKHS	94	58%	(49%-68%)	44%	(35%-54%)	
Northwest -NCSS	79	67%	(58%-75%)	54%	(45%-64%)	
Orange -CMC	72	74%	(65%-82%)	53%	(43%-62%)	*
Rutland -RMHS	50	72%	(61%-83%)	54%	(42%-66%)	
Southeast -HCRSSV	61	70%	(62%-78%)	37%	(29%-46%)	*
Washington -WCMHS	99	62%	(53%-70%)	47%	(39%-56%)	*
Statewide median	800	66%		47%		*

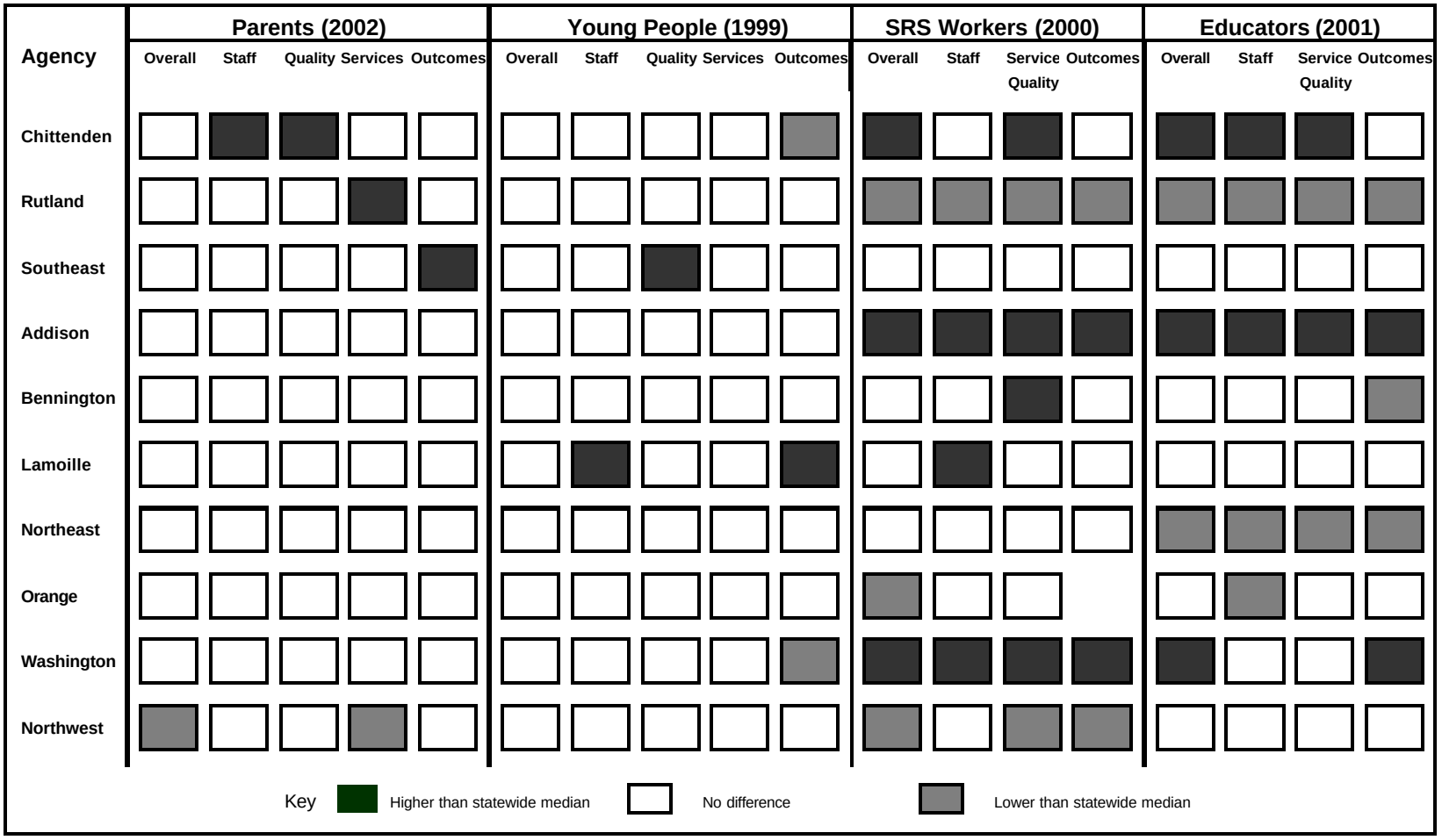
* Denotes that parents made significantly more positive than negative comments ($p < .05$)

Figure 11. Survey 2002: Report Card

Positive Evaluation of Child and Adolescent Mental Health Programs
By Parents of Children Served in Vermont September 2001- March 2002

Figure 12. Multi-informant Comparative Evaluation of Child and Adolescent Mental Health Programs

Positive Evaluation of Programs by Parents, Young People, SRS Workers and Educators



APPENDIX VI

Child and Adolescent Mental Health Programs In Vermont

This report provides assessments of the ten regional child and adolescent mental health programs that are designated by the Vermont Department of Developmental and Mental Health Services. Child and adolescent mental health programs serve children and families who are undergoing emotional or psychological distress or are having problems adjusting to changing life situations. These programs primarily provide outpatient services (individual, group and family therapy, and diagnostic services), although many agencies also provide residential services for children and adolescents who have a severe emotional disturbance. Throughout this report, these child and adolescent mental health programs have been referred to by the name of the region that they serve. The full name and location of the designated agency with which each of these programs is associated are provided below.

Addison, Counseling Service of Addison County (CSAC), in Middlebury.

Bennington, United Counseling Services (UCS) in Bennington.

Chittenden , Howard Center for Human Services (HCHS) in Burlington.

Lamoille, Lamoille County Mental Health Services (LCMHS) in Morrisville.

Northeast, Northeast Kingdom Human Services (NKHS) in Newport and St. Johnsbury.

Northwest, Northwestern Counseling and Support Services (NCSS) in St. Albans.

Orange, Clara Martin Center (CMC) in Randolph.

Rutland, Rutland Mental Health Services (RMHS) in Rutland.

Southeast, Health Care & Rehabilitation Services of Southeastern Vermont (HCRSSV) in Bellows Falls.

Washington, Washington County Mental Health Services (WCMHS) in Berlin and Barre.